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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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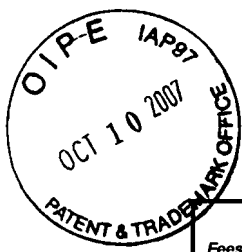
|                                                                                                    |                      |                           |              |
|----------------------------------------------------------------------------------------------------|----------------------|---------------------------|--------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/524,945 – Conf. # 3129 |              |
|                                                                                                    | Filing Date          | February 16, 2005         |              |
|                                                                                                    | First Named Inventor | Farhad Parhami            |              |
|                                                                                                    | Art Unit             | 1609                      |              |
|                                                                                                    | Examiner Name        | Sahar Javanmard           |              |
| Total Number of Pages in This Submission                                                           | 86                   | Attorney Docket Number    | 58086-241892 |

**ENCLOSURES (Check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> <b>Information Disclosure Statement, PTO/SB/08A and 4 documents</b><br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                  |          |        |
|--------------|------------------|----------|--------|
| Firm Name    | VENABLE LLP      |          |        |
| Signature    |                  |          |        |
| Printed name | Lars H. Genieser |          |        |
| Date         | October 10, 2007 | Reg. No. | 46,722 |



PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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|                                                                                                                                                                   |  |                          |                           |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|---------------------------|----------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |                           |                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                    |  | Application Number       | 10/524,945 – Conf. # 3129 |                |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                                                                    |  | Filing Date              | February 16, 2005         |                |
| (\$)                                                                                                                                                              |  | 0.00                     | First Named Inventor      | Farhad Parhami |
|                                                                                                                                                                   |  | Examiner Name            | Sahar Javanmard           |                |
|                                                                                                                                                                   |  | Art Unit                 | 1609                      |                |
|                                                                                                                                                                   |  | Attorney Docket No.      | 58086-241892              |                |

|                                                                                                                        |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                        |                                                                                   |
| <input type="checkbox"/> Check                                                                                         | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                                   | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                                |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                    | Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |                                                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                              |                                  |                              |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                              |                                  |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                    |                              |                                  |                              |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b> |                              | <b>EXAMINATION FEES</b>          |                              |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                          | 200                              | 100                          |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                | 50                           | 130                              | 65                           |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                | 150                          | 160                              | 80                           |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                          | 600                              | 300                          |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                  | 0                            | 0                                | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                    |                              |                                  |                              |                       |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                    |                              |                                  | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                    |                              |                                  | 200                          | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                    |                              |                                  | 360                          | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                       |
| _____ - 34 = _____                                                                                                                                                                                                                                                                                                |                     | x _____                                                 | = _____            |                              | <b>Fee (\$)</b>                  |                              | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                     |                                                         |                    |                              |                                  |                              |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| _____ - 6 = _____                                                                                                                                                                                                                                                                                                 |                     | x _____                                                 | = _____            |                              |                                  |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                     |                                                         |                    |                              |                                  |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                    |                              |                                  |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                    |                              |                                  |                              |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| _____ - 100 = _____                                                                                                                                                                                                                                                                                               | /50                 | _____ (round up to a whole number) x _____              | = _____            |                              |                                  |                              |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                              |                                  |                              |                       |
| Other (e.g., late filing surcharge): _____                                                                                                                                                                                                                                                                        |                     |                                                         |                    |                              |                                  | <b>Fees Paid (\$)</b>        | 0.00                  |

|                     |                  |                                   |                |
|---------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                  |                                   |                |
| Signature           |                  | Registration No. (Attorney/Agent) | 46,722         |
| Name (Print/Type)   | Lars H. Genieser | Telephone                         | (202) 344-4000 |
|                     |                  | Date                              |                |

DC2/884129

October 10, 2007



Docket No.: 58086-241892  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Farhad Parhami

Application No.: 10/524,945

Filed: February 16, 2005

For: AGENTS AND METHODS FOR  
ENHANCING BONE FORMATION

Confirmation No.: 3129

Art Unit: 1609

Examiner: Sahar Javanmard

Customer No.:

**\*26694\***

**26694**

PATENT TRADEMARK OFFICE

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the documents be made of record therein and appear on any patent to issue therefrom.

This Information Disclosure Statement is filed before the mailing date of a first Office Action on the merits as far as is known to the undersigned (37 CFR 1.97(b)(3)).

In accordance with 37 CFR 1.98(a)(2)(ii), Applicant has not submitted copies of U.S. patents and U.S. patent applications. Applicant submits herewith copies of foreign patent documents and non-patent literature in accordance with 37 CFR 1.98(a)(2).

In accordance with 37 CFR 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information

Application No.: 10/524,945

Docket No.: 58086-241892

Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

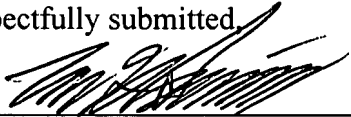
It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed documents.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 58086-241892. A fee transmittal is enclosed.

Dated: , 2007

*October 10*

Respectfully submitted,

By 

Lars H. Genieser

Registration No.: 46,722

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DC2/884121